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## **ADULT DAY HEALTH CARE APPLICATION TO ADD ADULT DAY PROGRAM SERVICES**

Mail the "original" application to your Licensing District Office:

Orange County District Office  
California Department of Public Health  
681 S. Parker Street, Suite 200  
Orange, CA 92868

San Jose District Office  
California Department of Public Health  
Paseo de San Antonio, Suite 235  
San Jose, CA 95113

Carefully read all instructions and answer all applicable questions with complete and accurate information. Ensure information provided is consistent on all forms (licensee/center name, addresses, etc.) before you submit your application to your Licensing District Office. Additional information is provided below to assist with completion of the application. Again, be sure to answer all applicable questions.

### **Required Forms:**

Complete and submit the information below, as applicable. Please do not use acronyms:

1. "[Licensure & Certification Application](#)," HS 200 (2/08), signed by the licensee. Please **do not enclose** the licensing fee renewal check, as indicated in section A.3 of this form.
2. "[Application for Addition of Adult Day Program Services under the ADHC License](#)", ADH 0012 (08/11).
3. "[Proposal to Share Space](#)", ADH 0007 (4/99).
4. "[Applicant Individual Information](#)," HS 215A (2/08). **Only submit for new owners, officers, directors, board members, or administrators as instructed on the form.**